

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000269

1. Entity Name

FRENCH QUARTER II, LLC

FILED

01 APR 23 PM 5:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

RADISSON BEACH RESORT-FT. WALTON  
1110 SANTA ROSA BLVD.  
FT. WALTON BEACH FL

Mailing Address

C/O RADISSON HOTEL ATLANTA N' LAKE  
4156 LA VISTA ROAD  
TUCKER GA 30084



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2315612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
MGR  
FRENCH QUARTER HOLDING, INC.  
STREET ADDRESS  
4156 LA VISTA ROAD  
CITY-ST-ZIP  
TUCKER GA 30084

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Michael Hoffman*, ST. of French Quarter Holding, Inc.

Date

4/18/01

Daytime Phone #

678.937.0088

CR2E083 (11/00)